EMERGENT RESUSCITATIVE THORACOTOMY

Original Release/Approval		28 July 2007	Note: This CPG requires an annual review.	
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Supersedes:	Emergent Resuscitative Thoracotomy, 7 Nov 2008			
☒ Minor Changes *(or)*		☐ Changes are substantial and require a thorough reading of this CPG *(or)*		
☐ Significant Changes				

1. Goal: Provide guidance on the indications to perform an emergent resuscitative thoracotomy (EDT).

2. Background.

a. Resuscitative thoracotomy on the battlefield is indicated and warranted only in patients with penetrating injuries who present either in extremis or who have had a recent loss of vital signs. Though most of these casualties will not survive, a small percentage of patients who undergo an emergency thoracotomy can be salvaged with normal neurological outcomes possible.

b. Emergency thoracotomy should be performed only in a facility able to support advanced resuscitative efforts (e.g. level IIb, II+ or level III facility)

c. A subxiphoid pericardial window should not be attempted in an unstable patient.

d. Unstable patients with penetrating injuries suspicious for cardiac injury in a level IIb/+ or level III setting should undergo immediate emergency thoracotomy.

e. **There is no role for emergency thoracotomy in patients who have suffered blunt trauma.**

3. Evaluation and Treatment.

a. See Appendix A for the Emergency thoracotomy algorithm.

4. Responsibilities. It is the responsibility of the trauma team leader to ensure compliance with this CPG.

5. References.

[1] Moore EE, Feliciano DV, Mattox KL eds: *TRAUMA*, 2004, 5th Edition

[2] *Emergency War Surgery*, Third United States Revision, 2004

[3] Peitzman, et al: *The Trauma Manual*, 2002, 2nd edition,

[4] Rhee PM, Acosta J, Bridgeman A, et al. Survival after emergency department thoracotomy: J Am Coll Surg 2000; 190(3): 288-98.5.

[5] MacFarlane C, Emergency thoracotomy and the military surgeon. ANZ J Surg 2004; 74(4):280-4

Approved by CENTCOM JTTS Director, JTS Director and Deputy Director and CENTCOM SG

APPENDIX A

JTTS CLINICAL PRACTICE GUIDELINES FOR EMT THORACOTOMY